

“A PROCLAMATION RECOGNIZING  
JAMES MAHONEY”

**HON. ROBERT W. NEY**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 20, 2001*

Mr. NEY. Mr. Speaker, I commend the following article to my colleagues:

Whereas, James Mahoney on the 12th day of May, 2001 was awarded a Doctorate of Public Service, conferred upon him by the Muskingum College Board of Trustees; and

Whereas, Dr. James Mahoney has profoundly influenced the educational experiences of thousands of students in Ohio as an elementary school teacher, a principal, and now as a school superintendent; and

Whereas, Dr. Mahoney successfully orchestrated the merger of three county educational service centers, creating the Muskingum Valley Educational Service Centers for which he serves as superintendent; and

Whereas, Dr. Mahoney was named “Educator of the Year” in January 2001 by the Ohio Association of Superintendents, illustrating his significant impact on the development of more than 25,000 students in his charge; and

Whereas, Dr. Mahoney has maintained a rigorously scholarly agenda during his twenty year career, authoring numerous publications on diverse topics in the educational arena;

Therefore, I ask my colleagues to join with me in recognizing the impressive accomplishments of James Mahoney, an outstanding citizen of Ohio whom I am proud to call a constituent.

HEALTHY SOLUTIONS FOR AMERICA'S HARDWORKING FAMILIES

**HON. HILDA L. SOLIS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 20, 2001*

Ms. SOLIS. Mr. Speaker, for centuries immigrants from all over the world have helped make the United States one of the most powerful and wealthiest nations in the world. I am proud to represent a congressional district that is home to a large and vibrant immigrant community.

I am very concerned about the lack of access to health care for immigrants. A recent study by the Kaiser Family Foundation states that low-income immigrants are twice as likely to be uninsured as low-income citizens. Almost 59 percent of our nation's 9.8 million low-income non-citizens had no health insurance in 1999, and only 15 percent received Medicaid.

We need to do more to ensure that our nation's immigrants obtain quality health care. Preventive measures are much more cost effective than allowing individuals to become seriously ill due to lack of access to adequate healthcare services. We can and must provide better outreach to immigrant communities in their languages in order to reduce the barriers that currently make it difficult for immigrants to access health care.

Immigrants pay millions of dollars in local and state taxes and they deserve some form of health care. In fact, according to the National Academy of Sciences, immigrants pay approximately \$1,800 per year more in taxes

than they use in services, yet they never access public health services.

I support the “Healthy Solutions for America's Hardworking Families” Agenda which will remedy some of the problems faced by immigrant communities. That agenda includes the Legal Immigrant Children's Health Improvement Act (H.R. 1143), which will give states the option of allowing low-income legal immigrant children and pregnant women access to Medicaid and the State Children's Health Insurance Program (SCHIP). This bill has wide support in Congress, as well as from the American Medical Association and the National Governors Association. Allowing children and pregnant women access to federal health care programs is simply sound public health policy.

The Women Immigrants Safe Harbor Act is another key piece of legislation. This measure would allow legal immigrants who are victims of domestic violence to apply for critical safety net services such as medical and food assistance. Immigrants who are victims of domestic violence are frequently economically dependent on their abusers and isolated from their support networks. Immigrants are even more dependent and isolated because of restrictions passed in the 1996 welfare reform law, which prevent a battered immigrant from access to the resources she needs to leave the abuser.

I also support the Nutrition Assistance for Working Families and Seniors Act (H.R. 2142) which would restore food stamp eligibility for low-income legal immigrants and improve the food stamp program overall. Many tax-paying legal immigrants work low-wage jobs and they need the additional support that food stamps provide.

We must not leave the immigrant community behind, especially the women, children, and elderly who so desperately need appropriate health care. I encourage my colleagues to support the “Healthy Solutions for America's Hardworking Families” Agenda to help the immigrant community. Our great country, as you might recall, was founded upon the great sacrifices that immigrants made for our democracy and economic prosperity.

SHAME ON MR. NATSIOS

**HON. JANICE D. SCHAKOWSKY**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 20, 2001*

Ms. SCHAKOWSKY. Mr. Speaker, it is a disgrace that a high ranking U.S. government official is still collecting taxpayer dollars after making disparaging, discriminatory, and inaccurate comments about the people of Africa who are suffering from the ravages of HIV/AIDS. President Bush should dismiss Andrew Natsios, the new Administrator of the U.S. Agency for International Development at once.

Instead of offering the United States' assistance to help the infected people of Africa receive the treatment they desperately need, Mr. Natsios stated that our efforts will not work because Africans “don't know what Western time is,” and thus cannot take drugs at proper times. He went on to say that if you ask Africans to take medicine at a certain time, they “do not know what you are talking about.” How disgraceful. The Administrator of our nation's lead agency for international develop-

ment and assistance should educate himself about AIDS treatment and about the peoples of the world before he reveals astonishing ignorance as well as prejudice. It's time for Mr. Natsios to go and for the Bush Administration to instead appoint a real leader who will bring honor back to this distinguished agency.

I wish to share with my colleagues an op-ed, which appeared in the Washington Post on Friday, June 15, 2001 by Amir Attaran, Dr. Kenneth A. Freedberg, and Martin Hirsch, respected experts in the field of AIDS research and international development. They comment on Mr. Natsios' remarks and proposed plans for U.S. funding and involvement in Africa and they make a very persuasive case for Mr. Natsios' immediate dismissal.

[From the Washington Post, June 15, 2001]

DEAD WRONG ON AIDS

(By Amir Attaran, Kenneth A. Freedberg and Martin Hirsch)

Andrew Natsios, the Bush administration's new chief of the U.S. Agency for International Development (USAID), has made a very bad start with regard to one of his agency's primary missions: dealing with the scourge of AIDS in Africa. Natsios has made comments recently on the prevention and treatment of the disease in Africa that are, to say the least, disturbing, if not alarming.

His comments appeared last week in the Boston Globe and in testimony before the House International Relations Committee. On both occasions he argued strenuously against giving antiretroviral drug treatment (the AIDS treatment used in the United States today) to the 25 million Africans infected with HIV.

Although Natsios agrees that AIDS is “decimating entire societies,” when it comes to treating Africans, he says that USAID just “cannot get it done.” As Natsios sees it, the problem lies not with his agency but with African AIDS patients themselves, who “don't know what Western time is” and thus cannot take antiretroviral drugs on the proper schedule. Ask Africans to take their drugs at a certain time of day, said Natsios, and they “do not know what you are talking about.”

In short, he argues that there is not a great deal the agency he leads can do to help HIV-positive Africans. Under his guidance, USAID will not offer antiretroviral treatment but will emphasize “abstinence, faithfulness and the use of condoms” as the essence of HIV prevention. (He also supports distribution of a drug that blocks transmission of the disease from mother to child, and drugs to fight secondary infections.) While this might save some of those not yet infected with the virus, it in effect would condemn 25 million people to death, and their children to orphanhood.

As the administration's man in charge of international assistance, including helping Africans with AIDS, Natsios should know better. His views on AIDS are incorrect and fly in the face of years of detailed clinical experience.

Take the issue of whether AIDS should be dealt with by prevention or treatment. In backing prevention to the total exclusion of treatment, Natsios favors only modest changes in the strategies that USAID has relied on for the past 15 years, which by themselves have clearly failed to stem the pandemic. This is why expert consensus now agrees that prevention and treatment are inseparable—or, in the authoritative words of the UNAIDS expert committee, “their effectiveness is immeasurably increased when they are used together.”